

☐ Spring ☐ Sum1 ☐ Sum2 ☐ Fall ☐ Winter Year: _____

STUDENT INFORMATION

Full Legal Name: _____
Last Name First Name Middle Name

Permanent Address: _____
Street Address City State Zip Code

Is this a change of address since your last attendance? ☐ Yes ☐ No

Social Security Number: _____ **Date of Birth:** _____ / _____ / _____
Month Day Year

Home Phone #: _____ **Business Phone #:** _____

Cell Phone #: _____ **E-mail Address:** _____

Please sign, verifying that this is your LEGAL name: _____ Date: _____

On Site Residency (Do you wish to reside on campus while enrolled in the courses below?): ☐ Yes ☐ No

Military Veterans: Please provide a copy of your form DD-214 to the Registrars Office in order to initiate any applicable benefits

FOR REPORTING PURPOSES

Race/Ethnicity:

Do you consider yourself to be Hispanic/Latino? ☐ Yes ☐ No

In addition, select one or more of the following racial categories to describe yourself.

- ☐ American Indian or Alaskan Native ☐ Asian
☐ Black, or African American ☐ Cape Verdean
☐ Native Hawaiian or Pacific Islander ☐ White
☐ Other (please specify): _____

Gender: ☐ Male ☐ Female

Education Level Completed:

- ☐ High School
☐ Bachelor's Degree
☐ Master's Degree

COURSE SELECTION

CRN	Course #	Course Title	Day/Time	Credits
10515	PDEV 1234	COURSE TITLE	W 3:30-7 pm	3

MASTERCARD, DISCOVER, AMERICAN EXPRESS OR VISA

Card #: _____ Exp. Date: _____

CVV2 Security Code: _____ Billing Street Number: _____ Zip Code: _____

Signature Authorizing Payment: _____

P.O. #: _____

P.O. Amount: \$ _____

OFFICE USE ONLY

ID: _____

Approval #: _____

PLEASE RETURN TO CENTER FOR PROFESSIONAL STUDIES